



City of Leander Utilities
PO Box 317
Leander, TX 78646-0317

Office Hours: 8 a.m. to 5 p.m., M-F
Office: (512) 259-1142
Email: leanderutilities@leandertx.gov
After Hours Emergencies Call: (512) 528-2800

RECURRING PAYMENT AUTHORIZATION FORM

UTILITY ACCOUNT # _____

CUSTOMER NAME _____ DATE _____

SERVICE ADDRESS _____

HOME PHONE # _____ ALTERNATE PHONE # _____

Please choose the account from which you would like to make recurring payments below:

CREDIT CARD/ BANK CARD ☐ CHECKING ACCOUNT ☐ SAVINGS ACCOUNT ☐

**** A VOIDED CHECK IS REQUIRED FOR BANK DRAFT AUTHORIZATION ****

BANK NAME _____ BANK PHONE # _____

BANK ACCOUNT # _____ BANK ROUTING # _____

CREDIT CARD # _____ EXP. DATE _____

CREDIT CARD BILLING ADDRESS _____

I AUTHORIZE THE CITY OF LEANDER TO DEBIT THE ACCOUNT INDICATED ABOVE TO PAY MY MONTHLY UTILITY BILL. I UNDERSTAND THAT MY BANK ACCOUNT WILL BE DEBITED FOR THE TOTAL AMOUNT DUE ON THE **DUE DATE INDICATED ON THE BILL. IF THE DRAFT DATE FALLS ON A WEEKEND OR HOLIDAY, THE DRAFT WILL OCCUR ON THE PRIOR BUSINESS DAY.** IF THE CITY OF LEANDER ERRONEOUSLY DEBITED THE FUNDS FROM THE ABOVE ACCOUNT, I AUTHORIZE THE CITY OF LEANDER TO INITIATE THE NECESSARY CREDIT ENTRIES NOT TO EXCEED THE TOTAL AMOUNT FOR THE ENTRY IN QUESTION.

PLEASE NOTE: A PROCESSING FEE OF \$1.95 IS CHARGED FOR ALL CREDIT CARD TRANSACTIONS
**** AUTOMATIC DRAFT AUTHORIZATION WILL GO INTO EFFECT IMMEDIATELY ****

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL YOUR WRITTEN AUTHORIZATION HAS BEEN RECEIVED BY THE CITY OF LEANDER TO TERMINATE AUTOMATIC DEBIT.

CUSTOMER SIGNATURE _____

**** PHOTO IDENTIFICATION IS REQUIRED FOR RECURRING PAYMENTS ****